



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR COLEEN J. SENG

lincoln.ne.gov

June 29, 2005

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of JSCK Inc., d.b.a. Top Hat, 736 West Cornhusker Highway requesting a class C liquor license.

James Sanborn has purchased the business and has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

James Sanborn was born in Lincoln, Nebraska. He attended Lincoln Southeast High School graduating in 1969

Mr. Sanborn served in the United States Armed Forces 1969 – 1970 receiving an honorable discharge.

James Sanborn was employed at Pfizer 1970 – 2005.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Business Report

Completed by Inv. Fosler #843

Business Name: TOP HAT

Address : 736 W. CORNHUSKER Phone: 474-3846

Type of Investigation : Purchase Upgrade Expansion New
Owner Manager Other: _____

Type of Business: BAR

Liquor Class A B C D I J K Catering Other: _____

Ownership: Corporation Partnership Individual

Amount Financed: _____ Source: LAND CONTRACT

Lease Agreement: _____

Sales: %Food: 10 %Liquor: 90

Located: Commercial Industrial Residential

Traffic Flow: moderate Off Street Parking: Yes No

Ready for Operation: Yes No/ Est Date: _____

Food Service: Yes No Employees: F/T 2 P/T 0

Est Seating: 60 Est Daily Customers 25

Hours of Operation: 10am - 1pm MON-SAT

Any Additional Comments: _____

Liquor License Investigation

Business (DBA) TOP HAT

☒ Manager ☒ Owner Other _____

Name: JAMES SANBORN

US Citizen ? ☒ Yes No

Has applicant ever been cited for liquor law violations ? ☒ No Yes
Explain _____

Does applicant have an interest in another liquor license ? ☒ No Yes
Explain _____

Is spouse qualified to hold a license ? Yes No ☒ N/A

How is applicant if not an owner to be paid ? Salary Hourly

How many hours will applicant be at the establishment ? 60+

Any other employment ? ☒ No Yes, explain _____

Any previous experience with a liquor license? Yes ☒ No

Any criminal convictions ? No ☒ Yes

Comments See Attached

Is applicant a property owner in Lincoln ? ☒ Yes No

Is applicant involved in any civil litigation ? ☒ No Yes

Comments _____

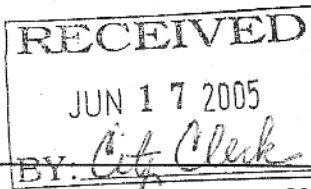
☒ Photo ☒ Records Check ☒ References

Comments _____

Interview Date 6/29/05



Dave Heineman
Governor



STATE OF NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION

Hobert B. Rupe
Executive Director

301 Centennial Mall South, 5th Floor
P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833 7352 (TTY)

web address: <http://www.nol.org/home/NLCC/>

June 15, 2005

Lincoln City Clerk
555 S. 10th Street
Lincoln, NE 68508

Requires a SP.

*15-066247
136*

Re: Liquor application for "JSCK, Inc dba Top Hat "

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,
NEBRASKA LIQUOR CONTROL COMMISSION

[Signature]
Tami Freeman
Licensing Division

Enclosures

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001
REV. 12/99

LICENSE APPLICATION CHECKLIST

Applicant Name JSCk, Inc.

Telephone # 474-3846

Trade Name Top Nat

Previous Trade Name _____

New App C-68889
Replacing C-11934
Lease expires 8/31/2008

provide any item will cause this application to be must be legible. Any false statement or omission may n or revocation of your license. If your operation braska Liquor Control Commission cautions you that

risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. All applications & attachments must be submitted in triplicate. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

REQUIRED ATTACHMENTS

Each item must be checked off and included or marked N/A for not applicable.

1. ☒ Fingerprint cards for each person (two cards per person) must be enclosed with a separate check payable to the Nebraska State Patrol for processing in the amount of \$33.00 per person. All areas must be completed on cards as per brochure.
2. ☒ Enclose registration fee for the appropriate class of license, made out to the Nebraska Liquor Control Commission.
3. ☒ Enclose the appropriate application forms; Individual License – Form 1; Partnership License – Form 2; Corporate/LLC License – Form 3 and manager application (with corporate application only). LLC application must include all members.
4. ☒ If building is being leased send a copy of the lease. Be sure it is in the individual(s) or corporate name being applied for. Also, the lease must extend through the license year being applied for. If building is owned, send a copy of the deed or purchase agreement in the appropriate name.
5. ☒ If you are buying the business of a current licensee, provide a copy of the purchase agreement from licensee. This also needs to be in applicants name.
6. ☒ Enclose a copy of the Temporary Agency Agreement, if applicable. Must be on Commission forms only. Include a copy of the signature card from the bank showing both the sellers and buyers name(s) on account.
7. ☒ Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.

CS OK 1774
45-mm

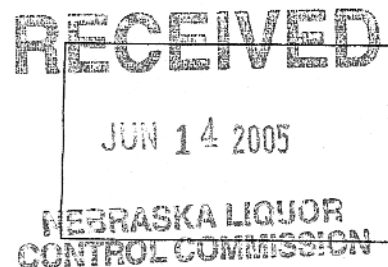
APPLICATION FOR LICENSE

Nebraska Liquor Control Commission
 PO Box 95046,
 301 Centennial Mall South
 Lincoln, NE 68509-5046

<http://www.nol.org/home/NLCC/>

Phone: (402) 471-2571

Fax: (402) 471-2814



INSTRUCTIONS: Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in **Triplicate** 8. Required areas marked by a red asterisk (*)

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

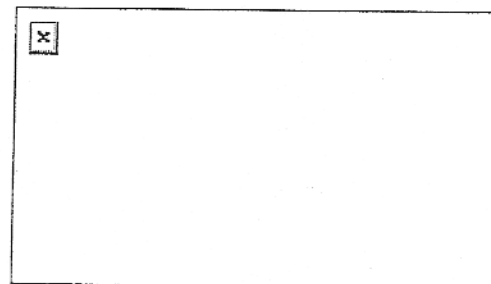
Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond *send copy
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00		exempt
<input checked="" type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	*\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	*\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	*\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	*\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	*\$ 1,000 min.

TYPE OF APPLICATION *	NAME OF PERSON ASSISTING WITH APPLICATION
Type of application being applied for (check appropriate box)	
1. <input type="radio"/> Individual License requires Form 1 to be attached.	Name John C. Hurd
2. <input type="radio"/> Partnership License requires Form 2 to be attached.	Firm Name Wolfe, Snowden, Hurd et al
3. <input checked="" type="radio"/> Corporate License requires Forms 3 and Manager Application to be attached	Address 1248 O Street, Suite 800 Lincoln, NE 68508

SECTION A -- LOCATION INFORMATION -- Must be completed by all applicants			
Trade Name (name of business) Top Hat		Telephone Number at premise to be licensed 402-479-9935	
1) Street Address of Proposed licensed premise 736 West Cornhusker Highway		2) Mailing Address for receipt of Liquor Control Commission mailings 755 West Belmont	
City Lincoln	County Lancaster	City Lincoln	County Lancaster
Zip Code 68521	Is this located inside the city limits? <input checked="" type="radio"/> Yes <input type="radio"/> No		Zip Code 68521

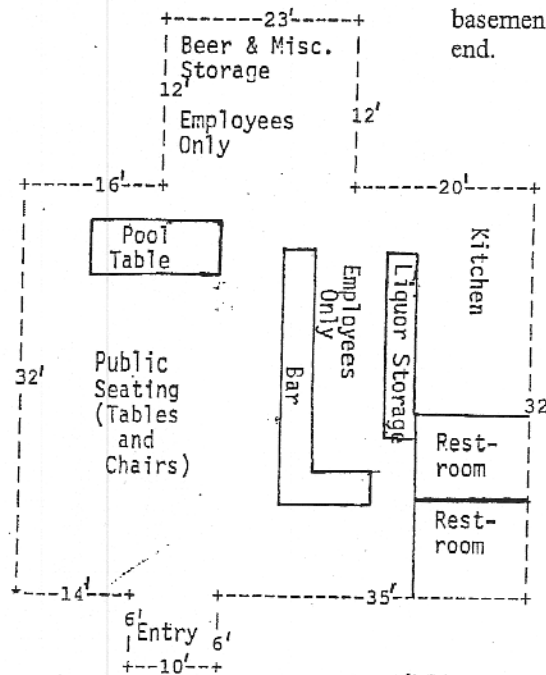
DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.

ne story
bldg approx
39 x 50



No basement
Block Building
1-Level

SECTION B		OTHER INFORMATION REQUIRED *		Explanation/Comments Note: Only what is visible on screen will be printed
	Yes	No		
<p>* 1. READ CAREFULLY. Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>		<p>all in Lincoln, NE</p> <p>DUI -- approximately 30 -- JHS years ago</p> <p>Speeding -- 25 years ago -- JHS</p> <p>Improper Registration - 15 -- JHS years ago</p> <p>SMOKING ORDINANCE VIOLATION 5/1/05 - CLK</p> <p>OPEN CONTAINER AFTER HOURS - 5/1/05 - CLK</p>
<p>* 2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>		<p>replacing</p> <p>11934</p>
<p>* 3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		

* 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
* 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
* 8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
* 9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.	Cornhusker Bank James H. Sanborn		
11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.	None		
12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.	James H. Sanborn -- approximately 60 hours		

13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.	Hospitality Training -- July Level 4 Food Handler -- June 35 years in management at Pfizer		
14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)	James H. Sanborn is in the process of purchasing the real estate. A copy of the Purchase Agreement is attached. A copy of the lease between J. Sanborn and applicant is attached. <i>lease 8-31-2008</i>		
15. When do you intend to open for business?	On or before September 1, 2005.		
16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.			
NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
James H. Sanborn	1990	2001	Sacramento, California
James H. Sanborn	2004	Present	Lincoln, Nebraska
Cynthia L. Kuhl	1994	Present	Lincoln, Nebraska

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign
here

Sign
Here

Sign
Here

Sign
Here

Sign
Here

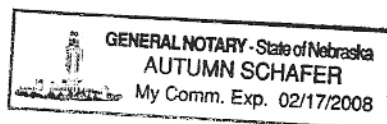
Sign
Here

Sign
Here

Sign
Here

Subscribed in my presence and sworn to before me this 13th day of June, 2005

(SEAL)



In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

Sign
here

Notary Public Signature

Verify & Print form

FORM 35-4010

1

REV 1/01

Corporation/LLC Application for License - Form 3

Nebraska Liquor Control Commission

RECEIVED

JUN 14 2005

NEBRASKA LIQUOR
CONTROL COMMISSION

INSTRUCTIONS:

- 1) Application and application for manager must be typewritten and submitted in triplicate
- 2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% of the stock, b) chief executive officer, c) proposed manager and d) all spouses
- 3) Information regarding spouses must be completed

Required areas marked by a red asterisk (*)

Name of Corporation That Will Hold License. Attach copy of Articles of Incorporation

JSCK, Inc.

*

Total Number of Shares (if corporation)

400

*

Corporate Street Address

736 W Cornhusker Highway

*

Mailing address for receipt of Liquor Control Commission Mailings

755 West Belmont

*

Corporate Telephone Number

402/474-3846

*

City

Lincoln

*

County

Lancaster

*

State

NE

*

Zip Code

68521

*

Name of Registered Agent

John C. Hurd

*

Name of Proposed Manager

James H. Sanborn

*

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name

James H. Sanborn

*

Title

President

*

Date of Birth

*

Social Security Number

*

Home Address (1)

755 West Belmont

*

City

Lincoln

*

State

NE

*

Zip Code

68521

*

Home Telephone Number

402/474-3846

*

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES

Name of Officers, Directors, Members and Spouses.
Give Last Name, First Name, Middle, Maiden, and
any aliases

Name

Sanborn, James H.

Social Security
Number

Date of Birth

Title

Director, President &
Treasurer

Spouse Name none

Partner Number of Shares / % 75%

Spouse Number of Shares / %

Name of Officers, Directors, Members and Spouses.

Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Cynthia L. Kuhl			Director, V.P. & Sec'y
Spouse Name none			
Partner Number of Shares / % 25%	Spouse Number of Shares / %		

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %	Spouse Number of Shares / %		

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %	Spouse Number of Shares / %		

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %	Spouse Number of Shares / %		

(If Necessary, Continue on Separate Sheet)

Is this Corporation/LLC controlled by another Corporation?

Yes ☐ No ☒

Name of control Corporation

If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

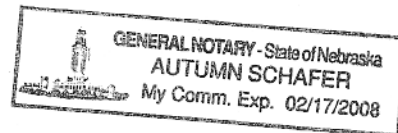
Please indicate below your corporate tax year with the IRS

Starting date: January 1 Ending date: December 31

State of Nebraska

Lancaster County

)
) ss.
)



Autumn Schaffer
Notary Public Signature & Seal

By James H. Schaffer
President/Member

In Compliance with ADA, this form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

Cynthia L. Hume
Secretary/Member

Verify Form and Print

FORM 35-4183
REV. 02/01

Application for Corporate Manager

Must Be A Nebraska Resident
Please submit in Triplicate

RECEIVED

JUN 14 2005

NEBRASKA LIQUOR
CONTROL COMMISSION

Return to: Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571

Fax: (402) 471-2814

Web address: <http://www.nol.org/home/NLCC/>

Required areas marked by a red asterisk (*)

LIQUOR LICENSE INFORMATION

Name of Licensed Corporation

JSCK, Inc. *

Class & License number

C *

Trade Name of Licensed Premise

Top Hat *

Street Address of Licensed Premise

736 W Cornhusker Highway *

City

Lincoln *

County

Lancaster *

On behalf of the corporation, I designate this individual as corporate manager.

James H. Sanborn

Signature of Corporate President/CEO:

applicant

APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden)

Sanborn, James, Howard *

Sex *

F

M

☐☒

Social Security Number

*

Date of Birth *

Place of Birth

Lincoln, Nebraska *

Home Street Address

755 W. Belmont *

City

Lincoln *

County

Lancaster *

State

NE *

Zip Code

68521 *

Home Telephone Number

402/474-3846 *

Business Telephone Number

402/479-9935 *

Drivers License Number

*

State

NE *

Are You Married? * Yes ☐ No ☒ If Yes, You must complete the following:

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

Full Name (Last, First, Middle, Maiden)

Social Security Number

Drivers License Number

State

Date of Birth

Place of Birth

*** 1. READ CAREFULLY.** Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

Yes No DUI -- Approx. 30 yrs ago
☒ ☐ Speeding -- Approx. 25 yrs ago
Improper Registration -- Approx. 15 yrs ago

*** 2.** Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

Yes No
☐ ☒

*** 3.** Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes No
☐ ☒

*** 4.** Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?

Nebraska Liquor Control Act (§53-131.01)

Yes No
☒ ☐

*** 5.** Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

Yes No
☒ ☐

RESIDENCES FOR PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

	Year	
	From	To
Applicant: City & State		
James Sanborn, Sacramento, CA	1990	2001
Spouse: City & State		

	Year	
	From	To
Applicant: City & State		
James Sanborn, Lincoln, NE	2001	Present
Spouse: City & State		

	Year	
	From	To
Applicant: City & State		
Spouse: City & State		

	Year	
	From	To
Applicant: City & State		
Spouse: City & State		

EMPLOYERS - LIST LAST TWO EMPLOYERS

	Year	
	From	To
Name of Employer		
Pfizer	1970	2005
Name of Supervisor	Telephone Number	
Wendell Wendling	402-441-2279	

	Year	
	From	To
Name of Employer		
USAF	1969	1970
Name of Supervisor	Telephone Number	

